



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

June 2, 2006

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.  
P.O. BOX 398  
AUSTIN, TX 78787-0398  
US

Dear Sir/Madam,

Your refund request for 09840449 in the amount of \$200.00 has been denied .

Fee was for additional independent claims in excess of three. Claim 44,61,75,87 and 100.

Sincerely,

VINCENT STUART  
Technical Center Others  
703 308-9010 x177



Finance

Deposited

PATENT  
5500-98900/TT4413

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/840,449  
Filed: April 23, 2001  
Inventors:  
Owen et al.

Examiner: Dang, Khanh  
Group/Art Unit: 2111  
Atty. Dkt. No: 5500-98900

Title: System and Method of  
Maintaining Coherency in a  
Distributed Communication  
System

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

B. Noël Kivlin  
Printed Name

Signature

April 21, 2006  
Date

REQUEST FOR REFUND OF FEE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir or Madam:

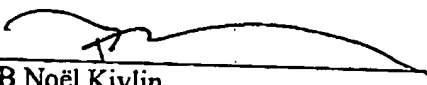
Applicant requests a refund of excess claim(s) fee charged to deposit account no. 501505 in the amount of \$200.00 on August 10, 2005. Applicant originally submitted fees for nine independent claims and cancelled five on a Response to non-final Office Action mailed May 10, 2005. On the Response to Office Action of August 10, 2005 applicant added one independent claim and therefore no fee was incurred.

2006 JUL 17 - 2 PM 10:09

CANCELLED

Applicants respectfully request a refund in the amount of \$200.00 to deposit account no. 501505/5500-98900. If you have any questions or comments, please do not hesitate to contact the undersigned.

Respectfully submitted,

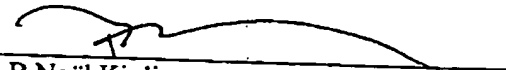
  
B Noël Kivlin  
Reg. No. 33,929  
ATTORNEY FOR APPLICANT(S)

Meyertons, Hood, Kivlin,  
Kowert, & Goetzel, P.C.  
P.O. Box 398  
Austin, TX 78767-0398  
Phone: (512) 853-8840  
Date: April 21, 2006

BEST AVAILABLE COPY

Applicants respectfully request a refund in the amount of \$200.00 to deposit account no. 501505/5500-98900. If you have any questions or comments, please do not hesitate to contact the undersigned.

Respectfully submitted,



B Noël Kivlin  
Reg. No. 33,929  
ATTORNEY FOR APPLICANT(S)

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Kowert, & Goetzel, P.C.  
P.O. Box 398  
Austin, TX 78767-0398  
Phone: (512) 853-8840  
Date: April 21, 2006

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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1            |          |     |                     |     |                     |     |
| 2            |          |     |                     |     |                     |     |
| 3            |          |     |                     |     |                     |     |
| 4            |          |     |                     |     |                     |     |
| 5            |          |     |                     |     |                     |     |
| 6            |          |     |                     |     |                     |     |
| 7            |          |     |                     |     |                     |     |
| 8            |          |     |                     |     |                     |     |
| 9            |          |     |                     |     |                     |     |
| 10           |          |     |                     |     |                     |     |
| 11           |          |     |                     |     |                     |     |
| 12           |          |     |                     |     |                     |     |
| 13           |          |     |                     |     |                     |     |
| 14           |          |     |                     |     |                     |     |
| 15           |          |     |                     |     |                     |     |
| 16           |          |     |                     |     |                     |     |
| 17           |          |     |                     |     |                     |     |
| 18           |          |     |                     |     |                     |     |
| 19           |          |     |                     |     |                     |     |
| 20           |          |     |                     |     |                     |     |
| 21           |          |     |                     |     |                     |     |
| 22           |          |     |                     |     |                     |     |
| 23           |          |     |                     |     |                     |     |
| 24           |          |     |                     |     |                     |     |
| 25           |          |     |                     |     |                     |     |
| 26           |          |     |                     |     |                     |     |
| 27           |          |     |                     |     |                     |     |
| 28           |          |     |                     |     |                     |     |
| 29           |          |     |                     |     |                     |     |
| 30           |          |     |                     |     |                     |     |
| 31           |          |     |                     |     |                     |     |
| 32           |          |     |                     |     |                     |     |
| 33           |          |     |                     |     |                     |     |
| 34           |          |     |                     |     |                     |     |
| 35           |          |     |                     |     |                     |     |
| 36           |          |     |                     |     |                     |     |
| 37           |          |     |                     |     |                     |     |
| 38           |          |     |                     |     |                     |     |
| 39           |          |     |                     |     |                     |     |
| 40           |          |     |                     |     |                     |     |
| 41           |          |     |                     |     |                     |     |
| 42           |          |     |                     |     |                     |     |
| 43           |          |     |                     |     |                     |     |
| 44           |          |     |                     |     |                     |     |
| 45           |          |     |                     |     |                     |     |
| 46           |          |     |                     |     |                     |     |
| 47           |          |     |                     |     |                     |     |
| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   |          |     |                     |     |                     |     |
| TOTAL DEP.   |          |     |                     |     |                     |     |
| TOTAL CLAIMS |          |     |                     |     |                     |     |

|              | IND | DEP | IND | DEP | IND | DEP |
|--------------|-----|-----|-----|-----|-----|-----|
| 51           |     |     |     |     |     |     |
| 52           |     |     |     |     |     |     |
| 53           |     |     |     |     |     |     |
| 54           |     |     |     |     |     |     |
| 55           |     |     |     |     |     |     |
| 56           |     |     |     |     |     |     |
| 57           |     |     |     |     |     |     |
| 58           |     |     |     |     |     |     |
| 59           |     |     |     |     |     |     |
| 60           |     |     |     |     |     |     |
| 61           |     |     |     |     |     |     |
| 62           |     |     |     |     |     |     |
| 63           |     |     |     |     |     |     |
| 64           |     |     |     |     |     |     |
| 65           |     |     |     |     |     |     |
| 66           |     |     |     |     |     |     |
| 67           |     |     |     |     |     |     |
| 68           |     |     |     |     |     |     |
| 69           |     |     |     |     |     |     |
| 70           |     |     |     |     |     |     |
| 71           |     |     |     |     |     |     |
| 72           |     |     |     |     |     |     |
| 73           |     |     |     |     |     |     |
| 74           |     |     |     |     |     |     |
| 75           |     |     |     |     |     |     |
| 76           |     |     |     |     |     |     |
| 77           |     |     |     |     |     |     |
| 78           |     |     |     |     |     |     |
| 79           |     |     |     |     |     |     |
| 80           |     |     |     |     |     |     |
| 81           |     |     |     |     |     |     |
| 82           |     |     |     |     |     |     |
| 83           |     |     |     |     |     |     |
| 84           |     |     |     |     |     |     |
| 85           |     |     |     |     |     |     |
| 86           |     |     |     |     |     |     |
| 87           |     |     |     |     |     |     |
| 88           |     |     |     |     |     |     |
| 89           |     |     |     |     |     |     |
| 90           |     |     |     |     |     |     |
| 91           |     |     |     |     |     |     |
| 92           |     |     |     |     |     |     |
| 93           |     |     |     |     |     |     |
| 94           |     |     |     |     |     |     |
| 95           |     |     |     |     |     |     |
| 96           |     |     |     |     |     |     |
| 97           |     |     |     |     |     |     |
| 98           |     |     |     |     |     |     |
| 99           |     |     |     |     |     |     |
| 100          |     |     |     |     |     |     |
| TOTAL IND.   |     |     |     |     |     |     |
| TOTAL DEP.   |     |     |     |     |     |     |
| TOTAL CLAIMS |     |     |     |     |     |     |

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/840449

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 56            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 56 minus 20 = | 36           |
| INDEPENDENT CLAIMS  | 4 minus 3 =   | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

815-05

|             | (Column 1)  |    | (Column 2)                         |    | (Column 3)    |
|-------------|---|----|------------------------------------|----|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR |    | PRESENT EXTRA |
|             | Total   | 43 | Minus                              | 56 | = 0           |
|             | Independent   | 5  | Minus                              | 4  | = 1           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |    |               |

|             | (Column 1)  |  | (Column 2)                         |     | (Column 3)    |
|-------------|---|--|------------------------------------|-----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   |  | Minus                              | ..  | =             |
|             | Independent   |  | Minus                              | ... | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |                                    |     |               |

|             | (Column 1)  |  | (Column 2)                         |     | (Column 3)    |
|-------------|---|--|------------------------------------|-----|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |  | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   |  | Minus                              | ..  | =             |
|             | Independent   |  | Minus                              | ... | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |  |                                    |     |               |

**SMALL ENTITY TYPE** ☐

| RATE      | FEE    |
|-----------|--------|
| BASIC FEE | 355.00 |
| X\$ 9=    |        |
| X40=      |        |
| +135=     |        |
| TOTAL     |        |

**OR OTHER THAN SMALL ENTITY**

| RATE      | FEE     |
|-----------|---------|
| BASIC FEE | 710.00  |
| X\$18=    | 648.00  |
| X80=      | 80.00   |
| +270=     |         |
| TOTAL     | 1438.00 |

**SMALL ENTITY**

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

**OR OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           | 50             |
| X40=             | 300            |
| +135=            | 350            |
| TOTAL ADDIT. FEE | 680.00         |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9=           |                |
| X40=             |                |
| +135=            |                |
| TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X\$18=           |                |
| X80=             |                |
| +270=            |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.